

Maryland State Board of Dental Examiners  
Spring Grove Hospital Center • Benjamin Rush Building  
55 Wade Avenue  
Catonsville, Maryland 21228  
(410) 402-8501

**APPLICATION FOR DENTAL LICENSURE BY EXAMINATION  
DENTAL PEDIATRIC FELLOWS**

**Notice For Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of MD, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**SECTION I – GENERAL INFORMATION**

<b>Name</b> (Last, First, Middle Initial):	
<b>Address of Record:</b> (Street Address)	
<b>City, State, Zip:</b>	

**A. Social Security Number:**       -   -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

**B. Date of Birth:**                      -   -

**C. Home Phone Number:**          -    -

**D. Work Phone Number:**          -    -

**E. E-Mail Address:**              

**F. Licensure in other states:**

List other states or jurisdictions in which you hold or have held a dental or dental hygiene license. Include license number(s).

State	License Number

**G. Maryland licensure:**

Do you hold or have you ever held a Maryland Limited Dental License?   ☐ Yes   ☐ No   If yes, License Number: \_\_\_\_\_

**SECTION II - EDUCATION**

**A. School of Graduation (D.D.S., D.M.D., or equivalent) (Name, City, State, Country):**

\_\_\_\_\_

**B. Date of Graduation:** \_\_\_\_\_ **Degree Earned:** \_\_\_\_\_

### **SECTION III – EXAMINATIONS**

- A. Have you passed Parts I and II of the National Board Examinations? ☐ Yes ☐ No
- B. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_
- C. Have you passed all sections of the North East Regional Board examination? ☐ Yes ☐ No
- D. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

### **SECTION IV – QUALIFICATIONS**

- A. Have you successfully completed at least a 2-year pediatric dentistry residency program at a dental school or a hospital authorized by any state and which is recognized by the Board? ☐ Yes ☐ No

Name of program: \_\_\_\_\_ Institution at which completed: \_\_\_\_\_

Date completed: \_\_\_\_\_

- B. Are you a pediatric dental fellow? ☐ Yes ☐ No

Name of Institution granting fellowship: \_\_\_\_\_ Date fellowship completed: \_\_\_\_\_

- C. Have you completed at least a 2-year contractual obligation to provide pediatric dental services in a public health dental clinic operated by the State or a county or municipality of the State, or, in a federally qualified health center or Maryland qualified health center only to Medicaid, uninsured, or indigent patients or patients who otherwise qualify for dental care in a public health dental clinic?

Name of Clinic: \_\_\_\_\_ Dates of Contractual Obligation: From: \_\_\_\_\_ To: \_\_\_\_\_

- D. Have you limited your practice to the public health dental clinic, federally qualified health center, or Maryland qualified health center for which you have contractually agreed to provide pediatric dental services? ☐ Yes ☐ No

If you answered "No" explain: \_\_\_\_\_

### **SECTION V - CHARACTER AND FITNESS**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for reason?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, public health dental clinic operated by the State or a county or municipality of the State, Federally qualified health center, Maryland qualified health center, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, public health dental clinic operated by the State or a county or municipality of the State, Federally qualified health center, Maryland qualified health center, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?  |

- ☐ ☐ g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?
- ☐ ☐ h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?
- ☐ ☐ i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry?
- ☐ ☐ j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?
- ☐ ☐ k. Do you illegally use drugs?
- ☐ ☐ l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity?
- ☐ ☐ m. Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, public health dental clinic operated by the State or a county or municipality of the State, Federally qualified health center, Maryland qualified health center, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?
- ☐ ☐ o. Have you ever failed a state, jurisdictional, or regional dental examination, or any part of a state, jurisdictional or regional dental examination for licensure?

**If you answered "YES" to any question(s) in Section V – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.**

**Release and Certification:**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to schools, colleges, or faculties of dentistry, wherever located, postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, Then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

# MARYLAND STATE BOARD OF DENTAL EXAMINERS

## Application for Dental Licensure by Examination Dental Pediatric Fellows



### Check List

*Please review prior to sending your application package to the Board.*

- ☐ 1. Is your application completed front and back?
- ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the \$450 non-refundable fee in a check or money order? made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Have you enclosed a photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."?
- ☐ 4. Did you request that an original National Board score card be forwarded to the Maryland State Board of Dental Examiners?
- ☐ 5. Did you include a certified examination report from the North East Regional Board?
- ☐ 6. Have you enclosed a certified letter with a raised embossed seal from the dental licensing authority of each state in which the applicant holds an active dental license or ever held an active dental license, indicating that the license is or was in good standing and whether the applicant: (a) is being investigated; (b) has charges pending against the applicant's license; (c) has been disciplined; (d) has been convicted or disciplined by a court of any state or country?
- ☐ 7. Did you initiate a request to the National Practitioner Data Bank to obtain a copy of your file? *Please note that your application will not be processed until the Board receives this information from the Data Bank.*
- ☐ 8. Have you enclosed an original letter signed by the Dean of the University of Maryland Dental School on original letterhead, indicating that you have successfully completed a pediatric dental fellowship at the University of Maryland Dental School?
- ☐ 9. Have you enclosed an original letter signed by an official of the public health dental clinic or qualified health center, or Maryland qualified health center, on their letterhead, indicating successfully completed at least a 2-year contractual obligation to provide pediatric dental accordance with Health Occupations Article, § 4-303.1(b)(1)(iv)?
- Federally  
that you have  
care in
- ☐ 10. Did you include documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS  
GUIDELINES FOR DENTAL LICENSURE BY EXAMINATION  
DENTAL PEDIATRIC FELLOW**

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

**The applicant shall:**

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Holds a DDS, DMD, or an equivalent degree from a school, college or faculty of dentistry other than one located in the United States or Canada; and
- d. Has held a Maryland limited dental license in accordance with Health Occupations Article, § 4-303.1; and
- e. Has successfully completed at least a 2-year pediatric dentistry residency program at a dental school or hospital authorized by any state and which is recognized by the Board; and
- f. Has successfully completed a pediatric dental fellowship at the University of Maryland Dental School; and
- g. Has successfully completed a 2-year obligation to provide pediatric dental services in a public health dental clinic operated by the State or a county or municipality of the State or in a federally qualified health center or Maryland qualified health center only to Medicaid, uninsured, or indigent patients or patients who otherwise qualify for dental care in a public health dental clinic; and
- h. Has passed the North East Regional Board of Dental Examiners (NERB) examination; and
- i. Has passed the National Board Examinations; and
- j. Has passed the Maryland Dental Jurisprudence Examination; and
- k. Demonstrates oral English competency by scoring 220 or better for overall comprehension and 2.0 or better for pronunciation, grammar, and fluency on the test of spoken English administered by the Educational Testing Service.

**To apply for licensure, submit the Application for Dental Licensure by Examination – Dental Pediatric Fellow and enclose the following with your application:**

- *A \$450 non-refundable fee.* Additional fees may be levied by the Board for investigatory purposes.
- *A photograph*, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."
- *Original National Board score card.* You must contact the **National Board of Dental Examiners** at 211 E. Chicago Avenue, Suite 1846, Chicago, IL 60611 or **(312) 440-2678 or (800) 621-8099** and request that an **Original Score Card** be forwarded to the Maryland State Board of Dental Examiners at the address below.
- *Certified examination scores from the North East Regional Board of Dental Examiners (NERB)* for the Examination in Dentistry. Applicants may make application for this examination by contacting **NERB at (301) 563-3300**.
- *A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and indicating whether any disciplinary action has ever been taken against the license.*

- *National Practitioner Data Bank file.* You must initiate a request to the **National Practitioner's Data Bank (800-767-6732)** to obtain a copy of your file or you may obtain a self-query report by visiting their website at **<http://www.npdb-hipdb.com/>**. You must include a copy with your application to the Maryland State Board of Dental Examiners. Your license will not be processed until this document is received.
- *Proof of completion of pediatric dental fellowship.* An original letter signed by the Dean of the University of Maryland Dental School on original letterhead, indicating that the applicant has successfully completed a pediatric dental fellowship at the University of Maryland Dental School
- *Proof of completion of a 2-year obligation to provide pediatric dental services.* An original letter signed by an official of the public health dental clinic or Federally qualified health center, or Maryland qualified health center, on their letterhead, indicating that you have successfully completed at least a 2 year contractual obligation to provide pediatric dental care in accordance with Health Occupations Article, § 4-303.1(b)(1)(iv)
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.

#### **Additional Requirements:**

- All applicants for licensure in Maryland must take the Jurisprudence Examination on the Dental Laws and Regulations of this state. If you have taken the Jurisprudence Examination as a condition for issuance of a Limited License, you are not required to take the examination a second time. If you have not previously taken and passed the examination, you must do so to obtain a license under this application.
- It is an open book examination and is now available online at [www.dhmf.state.md.us/dental/](http://www.dhmf.state.md.us/dental/). If you choose to complete the online examination, please also complete the Affidavit form and return both documents to our office along with the Jurisprudence Examination fee of \$50.00. Applicants may also take the examination at the Board's offices Monday through Friday between the hours of 9:00 AM and 5:00 PM. You will be scheduled for the exam after your completed application is reviewed. The fee for the Jurisprudence Examination is payable by check or money order at the time of the examination.

#### **MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Dental Examiners  
 The Benjamin Rush Building  
 Spring Grove Hospital Center  
 55 Wade Avenue  
 Catonsville, MD 21228  
 ATTN: Licensing Unit

*Eff. 04/06/2005*